Sequence Listing on Diskette

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Certificate of Mailing		
Date of Deposit October 20, 2000	Label Number:_ <u>EL509049747US</u>	
I hereby certify under 37 CFR 1.10 that this correspondence "Express Mail Post Office to Addressee" with sufficient p PATENT APPLICATION, Assistant Commissioner for Pater	e is being deposited with the United States Postal Service as postage on the date indicated above and is addressed to: BOX ats, Washington, D.C. 20231.	
Guy Beardsley	Signature of person marting correspondence	
Printed name of person mailing correspondence	Signature of person making correspondence	

Printed name of person maining correspondence Signature of person maining correspondence				
UTILITY PATEN	T APPLICATION TRANSMITT	AL UNDER 37 CFR §1.53(b)		
Attorney Docket Number	04712/027002			
Applicant	Dosuk D. Lee et al.	Dosuk D. Lee et al.		
Title	Chemotherapeutic Compo Phosphate Paste	Chemotherapeutic Composition Using Nanocrystalline Calcium Phosphate Paste		
PRIORITY INFORMATION:				
the contents of which are inco	rporated by reference. This app	N. 09/153,133, filed September 15, 1998, olication also is a continuation-in-part e contents of which are incorporated by		
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		34 pages		
Claims		9 pages		
Abstract		1 page		
Informals Drawings		4 sheets		
Combined Declaration and POA, which is: Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		2 pages		
Statement Deleting Inventors		[**] pages		
Sequence Statement		[**] pages		
Sequence Listing on Paper		[**] pages		

[**] disk

Small Entity Statement, which is: ■ Unsigned; □ Newly signed for this application; □ A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired.	1 page	
Preliminary Amendment	[**] pages	
IDS	[**] pages	
Form PTO 1449	[**] pages	
Cited References	[**] references	
Recordation Form Cover Sheet and Assignment	[**] pages	
Assignee's Statement	[**] pages	
English Translation	[**] pages	
Certified Copy of Priority Document	[**] pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$355	\$355.00	
Excess Claims Fee: 44 -20 x \$9.00	\$180.00	
Excess Independent Claims Fee: 3 -3 x \$40.00	\$0.00	
Multiple Dependent Claims Fee: \$135.00	\$0.00	
Total Fees:	\$535.00	

- □ Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
- Please apply any additional charges or any credits, to Deposit Account No. 03-2095.

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Telephone: 617-428-0200 Facsimile: 617-428-7045

Signature

COOLITE Date